

**CLAIMS ONLY**

Application Number

10562817

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51		
2							52		
3							53		
4							54		
5							55		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	1						Total Indep		
Total Depend	30						Total Depend		
Total Claims	31						Total Claims		